

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (SEE WITH FORM PTO-875)				SERIAL NO.	FILING DATE														
				APPLICANT(S)		09/485245													
				CLAIMS															
NO.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		NO.	IND.		DEP.		IND.		DEP.		IND.		DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	/	/	/	/	/	/	51												
2	/	/	/	/	/	/	52												
3	2	/	/	/	/	/	53												
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TOTAL IND.	6																		
TOTAL DEP.	6																		
TOTAL CLAIMS	7																		